

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157533	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/10/2014
NAME OF PROVIDER OR SUPPLIER HOME CARE SERVICES OF NORTHWEST INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 7725 BROADWAY AVE STE F MERRILLVILLE, IN 46410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{G 000}	<p>INITIAL COMMENTS</p> <p>This revisit was for a federal recertification survey that was conducted 1/29/14 - 2/4/14 and resulted in a fully extended survey on 2/4/14.</p> <p>Survey date: March 10, 2014</p> <p>Facility #: IN002684</p> <p>Medicaid #: 200323290</p> <p>Surveyor: Ingrid Miller, MS, BSN, RN, Public Health Nurse Surveyor</p> <p>Census: 160 active patients</p> <p>During this survey, 2 conditions and 22 standard level deficiencies were found corrected.</p> <p>Home Care Services of Northwest Indiana is precluded from providing its own home health training and competency evaluation for a period of two years beginning 2/7/14/ - 2/7/16, due to being found out of compliance with the Condition of Participation 42 CFR 484.30 Nursing Service and 484.52 Evaluation of the Agency's Program.</p> <p>Home Care Services of Northwest Indiana if in compliance with the Conditions of Participation 42 CFR Part 484 for Home Health Agencies.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 11, 2014</p>	{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.